

2014 BELLEVUE ESSENTIALS APPLICATION

Name			
Home Address			
			Zip
Phone	email		
Are you a Bellevue resident? ☐ Yes ☐ No Do you work in Bellevue? ☐ Yes ☐ No			
OPTIONAL			
Gender	Age	<u> </u>	
Ethnic background	Nei	ghborhood	
I am requesting financial assistance			
ESSAY QUESTIONS: Attach up to one additional page to answer the following questions.			
Why are you seeking admission to this program?			
How do you hope to utilize your experience for the benefit of the community?			
If admitted, I commit to attend a minimum of 80% of the scheduled sessions.			
Applicant Signature			
Please submit your .pdf application to: jellenhorn@bellevuewa.gov			
or mail your application to:			
	City of Bellevue Neighborhood Outreach		
	450 110th Ave. NE		

Applicants will be selected based on identification as emerging leaders, geographic diversity, personal goals of participation and Bellevue residents will receive priority.

Bellevue, WA 98004